

TO: DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE

Request is hereby made for approval of the following allotments:

DEPARTMENT Human Resources DevelopmentAPPROPRIATION SYMBOL G-06-191-P

X-XX-XXX-XX

APPROPRIATION TITLE AND ACT NO. OR LAW H.B. No. 100, H.D. 1, S.D. 1, C.D. 1,PROGRAM I.D. NO. AND TITLE HRD 191 - Supporting Services

SLH 2005

General

FUND

A

MEANS OF FINANCING

Sample 1

COMPTROLLER'S NO. _____ DATE _____

XXXXXXXX

MM/DD/YY

DEPT. NO. _____

ORIGINAL X OR AMENDMENT NO. _____

SIGNATURE _____

ALLOTMENT CATEGORY DESCRIPTION	APPROPRIATION	RESTRICTED	ALLOCATION FOR THIS FISCAL YEAR	ALLOTMENT FOR QUARTER JULY-SEPT	ALLOTMENT FOR QUARTER OCT-DEC	ALLOTMENT FOR QUARTER JAN-MAR	ALLOTMENT FOR QUARTER APR-JUNE	ESTIMATED BALANCE JUNE 30, 19__	R E V
Personal Services All CB, other salary adjust.	599,941		599,941 15,000	149,985 3,750	149,985 3,750	149,985 3,750	149,986 3,750		
10 - Personal Services	599,941		614,941	153,735	153,735	153,735	153,736		
Other Current Expenses	586,013		586,013	84,606	246,032	173,570	81,805		
CB - Other Cost Items			400	100	100	100	100		
Financing Agreements	28,000		28,000	7,000	7,000	7,000	7,000		
20 - Other Current Expenses	614,013		614,413	91,706	253,132	180,670	88,905		
	1,213,954		1,229,354	245,441	406,867	334,405	242,641		

ALLOTMENT ADVICE

TO THE HEAD OF THE DEPARTMENT NAMED ABOVE:

Please be advised that the following allotments have been approved.

Expenditures incurred during each allotment period must be restricted to the amounts approved.

DATE _____

DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
BY DIRECTION OF THE GOVERNOR

APPROPRIATION						ALLOTMENT	ALLOT CAT	1ST QUARTER AMOUNT		2ND QUARTER AMOUNT		3RD QUARTER AMOUNT		4TH QUARTER AMOUNT		ALLOTMENT REVERSIONS		
APPROPRIATION EST/ INCREASE			RESTRICTION INCREASE			ALLOT EST/ INCREASE		TC	XXXXXXXXXXXX	XX	TC	XXXXXXXXXXXX	XX	TC	XXXXXXXXXXXX	XX	REVERSION DECREASE	
TC	XXXXXXXXXXXX	XX	TC	XXXXXXXXXXXX	XX												TC	XXXXXXXXXXXX
411			431			ALLOT DECREASE	10	515			516			517			518	
APPROPRIATION DECREASE			RESTRICTION DECREASE			ALLOT EST/ INCREASE	20	511	91,706	00	512	253,132	00	513	180,670	00	514	88,905
TC	XXXXXXXXXXXX	XX	TC	XXXXXXXXXXXX	XX													
412			432			ALLOT DECREASE	20	515			516			517			518	

INSTRUCTIONS: Prepare in triplicate and submit all copies to the Department of Budget and Finance.

State fully on the reverse side the necessity for requesting amended allotment. Requests for capital outlays must be itemized.

STATE ACCOUNTING FORM A-19
OCTOBER 1, 1986 (REVISED)

SAMPLE 1A

(Note to A-19 Preparer - type the Collective Bargaining breakdown by act and by included and excluded, on the back of the A-19. Include any allocations for other cost items in this breakdown also. In the sample below, the total corresponds to the \$15,000 in salary adjustments and \$400 in other cost items on the A-19)

HB 263/2005

Included	10,900
Excluded	<u>4,500</u>
	15,400